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		CLA		S FILED - olumn 1)	PA		mn 2)		MALL TYPE	ENTITY	OR	OTHER SMALL	
FO	PR		NUMBE	R FILED		NUMBER	EXTRA	F	RATE	FEE]	RATE	FEE
BAS	SIC FEE									345.00	OR		690.00
то	TAL CLAIMS		_ / ~	1 minus 2	20=	±			X\$ 9=		OR	X\$18=	
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MUI	LTIPLE DEPEN	IDENT	CLAIM PF	RESENT					-130=	1	OR	+260=	108
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ENT A		CL REM AF	AIMS IAINING FTER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

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